

SENDER- COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ashley T. Adams
 7116 North Barrett Lane
 Christiana, DE 19702

2. Article Number
(Transfer from service label)

7002 2410 0002 0698 6256

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Ashley Adams ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Ashley Adams

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

NOV 12 2005

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

John H. Newcomer, Jr.
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C015

